STATE OF MARYLAND—CERTIFICATE OF DEATH

01666

1. PLACE OF DEATH (93-d)

County Caroline Registration Dist. No. 62

Village or City Denton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 50 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William O. Acree If U. S. Veteran, specify WAR —

(a) Residence: No. Denton, Maryland St., Ward. SS# 214-10-0965

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Acree - 44 yrs.

6. DATE OF BIRTH (month, day, and year) March 13, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Day Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. General Labor

10. Date deceased last worked at this occupation (month and year) June 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Caroline County Maryland

FATHER

13. NAME Robert A. Acree

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mollie Johns

16. BIRTHPLACE (city or town) (State or country) Caroline County Maryland

17. INFORMANT (Address) Mrs. Cora Acree Denton, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Denton, Md. Date Feb. 14, 1940

19. UNDERTAKER (Address) J. J. Frampton & Son Federalsburg, Maryland

20. FILED Feb 14, 1940 Mrs D. O. George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 11 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Nov. 2, 1939 to Feb 11, 1940 I last saw him alive on Feb. 11, 1940; death is said to have occurred on the date stated above, at 6:15a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other Contributory Causes of Importance:

Bronchial Asthma	?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. H. Stoneseifer M. D.

(Address) Greenstown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAR 5 1928 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-0)

01667

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH
County Caroline, Ridgely
City or town Ridgely
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Main St
Stay in hospital or Inst. (yrs., or mos., or days) 6
Stay in this community (yrs., or mos., or days) 1yr 7 mos 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Ridgely Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Main
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME William Henry Banning

3. (b) Social Security Number Received old age pension

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife Rita Cadbury Banning

6(c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) February 14 1847

8. AGE: Years 92 | Months 11 | Days 20 | If less than one day ____ hrs. ____ min.

9. Birthplace Mt. Holly Dorchester Co Md
(Town, county, and state)

10. Usual occupation Carpenter - Waterman

11. Industry or business Building - Fishing

FATHER 12. Name Thomas Henry Banning

FATHER 13. Birthplace Dorchester Co Md

MOTHER 14. Maiden name Rachell Marshall

MOTHER 15. Birthplace Dorchester, Md

16. Informant Mrs Blanche Wroten

Address Ridgely, Md.

17. Burial, cremation, or removal? Burial Date thereof Feb 6 1940
(month) (day) (year)

Cemetery or crematory East New Market

Location East New Market

16. Funeral director F. B. Willoughby

Address Hurlock Md

19. February 5 1940 J. S. Davis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 21 1940, to Feb 4 1940, and that I last saw him alive on Feb 1 1940.

Immediate cause of death	DURATION
Bronchopneumonia	Feb 1 1940
Due to Fracture - femur left intratrochanteric	Jan 21 1940
Due to Arteriosclerosis + Senility	4 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 1-21-40
Where did injury occur? Ridgely (City or town) Caroline (County) Md (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Fell Injured at work? no

23. SIGNATURE J. Stapp M.D.
M. D. or other
Address Ridgely Md Date signed 1-5-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

FEB 16 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-A)

CERTIFICATE OF DEATH

01668

Reg. Dist. No. 63

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Preston
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 4 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Preston, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: James Merritt Carroll

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary L. Carroll

6(c) If alive, give age: 78 years

7. Birth date of deceased (mo., day, yr.): April 12-1859

8. AGE: Years	Months	Days	If less than one day
80	9	20	hrs. min.

9. Birthplace: Near Hurlock Dorchester Co
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Charles Kesley Carroll
13. Birthplace: Dorchester Co.

MOTHER
14. Maiden name: Ann C. Douglas
15. Birthplace: Caroline County

16. Informant: Mrs. Mary L. Carroll
Address: Preston, Md.,

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/5/40 (month) (day) (year)

Cemetery or crematory: Washington Cemetery

Location: Hurlock, Md.,

18. Funeral director: W. H. Hollis & Son

Address: Preston, Md.,

19. 2/3 (Date rec'd by registrar) 1940 Cornelia D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 3 1940, at 12:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 22 1939, to February 3 1940, and that I last saw him alive on Dec. 15 1939.

Immediate cause of death	DURATION
Cerebral Decompensation	1 day
Due to Coronary Arteriosclerotic Cardio-Renal Disease	years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Stanley B. Plummer M. D. or other

Address: Preston Maryland Date signed 2/8/40

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FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01669

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Caroline
City or town Hobbs.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Hobbs Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Olivia Jane Choffinch

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	widow

6 (b) Name of husband or wife Dilghman Choffinch.
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1871

8. AGE: Years	Months	Days	If less than one day
78	3	7	hrs. min.

9. Birthplace Cordova Maryland
(Town, county, and state)
10. Usual occupation at home
11. Industry or business

FATHER
12. Name James B Calloway.
13. Birthplace Del.

MOTHER
14. Maiden name Elizabeth Hopkins
15. Birthplace Del

16. Informant Bessie Records
Address Denton Md.

17. Buried Date thereof 2-6-40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Denton Cemetery
Location Denton Md.
18. Funeral director J. Virgil Anson Low
Address Denton Md.
19. Feb. 6 1940 D. O. George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4th 1940, at 1:05 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939 to Feb 5 1940, and that I last saw her alive on Feb 5 1940.

Immediate cause of death	DURATION
Due to Carcinoma of Intestines	July 1939
Due to Arteriosclerosis	1939
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE D. O. George M. D. or other
Address Denton Date signed 2/5/40

RECEIVED
MAR 8 1940
BUREAU V. S.

01670

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (186a)

County Caroline Registration Dist. No. 64

Village or City Near American Corner No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 82 yrs. 11 mos. 8 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ida D. Clark If U. S. Veteran, specify WAR —

(a) Residence: No. Federalsburg, Md., R.F.D. St., Ward. No Social Security Number

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles H. Clark

6. DATE OF BIRTH (month, day, and year): March 2, 1857

7. AGE: Years 82 | Months 11 | Days 8 | If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own Home

10. Date deceased last worked at this occupation (month and year): 1929

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Caroline County Maryland

FATHER

13. NAME: Joseph Evangam

14. BIRTHPLACE (city or town) (State or country): Caroline County Maryland

MOTHER

15. MAIDEN NAME: Martha Horsey

16. BIRTHPLACE (city or town) (State or country): Caroline County Maryland

17. INFORMANT (Address): Joseph E. Clark Federalsburg, Md., R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place: Concord, Md. Date: Feb. 13, 1940

19. UNDERTAKER (Address): J. J. Framptom & Son Federalsburg, Maryland

20. FILED: Feb. 12, 1940 J. J. Framptom Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 10 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1940, to Feb 10, 1940

I last saw her alive on Feb 9, 1940; death is said to have occurred on the date stated above, at 3:50 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Accidental fall. C.W.G.R.	
Stumped her toe and fell on floor.	
In her home.	
Chronic Myocarditis	1934

Other Contributory Causes of importance:

Fracture of Right Femur - at neck. Due to accidental fall.	1-31-40

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident. Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. in her home.

Manner of Injury Accidental fall.

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lawson J. George M. D.

(Address) Dunlap Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Dr. George

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Item 6 - Film G229 6/2/58 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

01671

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County: Caroline

City or town: Hobbs Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Hobbs. Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Frank Elmer Davis

3. (b) Social Security Number: None

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband ~~or wife~~: ~~Ethel Roe Davis~~ Myrtle G. Roe Davis

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct 28th 1892

8. AGE: Years: 47 Months: 3 Days: 29 If less than one day ____ hrs. ____ min.

9. Birthplace: Goshen, Virginia (Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business

FATHER

12. Name: John W. Davis

13. Birthplace: Virginia

MOTHER

14. Maiden name: Alice Judy

15. Birthplace: Virginia

16. Informant: Eva F. E. Davis

Address: Hobbs. Md.

17. Buried (Burial, cremation, or removal, Which?) Date thereof: 2-24-40 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Denton Md.

18. Funeral director: J. Virgil Moore & Son

Address: Denton Md.

19. Feb. 24 1940 (Date rec'd by registrar) D. O. George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 21 1940, at 1:40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1939 19__ to Feb 21 1940, and that I last saw him alive on Feb 21 1940.

Immediate cause of death: Abscess of lungs

Due to: Appendicitis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: [illegible] M. D. or other

Address: Denton Md. Date signed: 2/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191-a)

CERTIFICATE OF DEATH

01672

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Preston - Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Near Harmony

Stay in hospital or Insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Preston - Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Harmony

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Wesley Dean

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Amanda Dean

6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) November 21, 1868

8. AGE: Years	Months	Days	If less than one day
71	3	6	hrs. min.

9. Birthplace Caroline County, Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER 12. Name Andrew Dean

13. Birthplace Caroline County, Maryland

MOTHER 14. Maiden name Jane Frampton

15. Birthplace Caroline County, Maryland

16. Informant Mrs. Amanda Dean

Address Preston, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 29, 1940 (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. Feb. 27 1940 (Date rec'd by registrar) S. S. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27 1940, at 12:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 16 1940, to Feb. 26 1940, and that I last saw h[illegible] alive on Feb. 24 1940.

Immediate cause of death Cardio-Vascular Renal Disease — DURATION 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. E. Glennon M.D. M. D. or other

Address Federalsburg Md Date signed 2/27/40

RECEIVED
MAR 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01673

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Caroline — Registration Dist. No. 64

Village or City Hyneal — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 7 mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME William Giddins — If U. S. Veteran, specify WAR —

(a) Residence: No. Federalsburg, Md., R.F.D. St., Ward. No Social Security Number

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Giddins - 24 yrs.

6. DATE OF BIRTH (month, day, and year): December 31, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	24	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Day Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: General Labor

10. Date deceased last worked at this occupation (month and year): Oct. 1939

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Harry Giddins

14. BIRTHPLACE (city or town) (State or country): Massawadox Virginia

MOTHER

15. MAIDEN NAME: No Data

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. Sarah Giddins

(Address): Federalsburg, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place: Federalsburg, Md. Date: Feb. 16, 1940

19. UNDERTAKER: J. T. Hampton & Son

(Address): Federalsburg, Maryland

20. FILED: Feb. 15, 1940 J. T. Hampton & Son

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

February (Month) 11 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1939 to Feb 10, 1940

I last saw him alive on Feb. 10, 1940; death is said to have occurred on the date stated above, at 12:25 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Intercostal Neuritis	11-11-39

Other Contributory Causes of importance:

Name of operation: Exploratory Laparotomy Date of: 11-22-39

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. E. Stevens M. D.

(Address) Federalsburg Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01674

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Caroline
City or town Near Denton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Liggie Herring

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	Single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 85			hrs. min.

9. Birthplace Salisbury Maryland
(Town, county, and state)

10. Usual occupation Randall County alms House

11. Industry or business —

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden name —
15. Birthplace Supt. County alms House

16. Informant Supt. County alms House
Address Denton

17. Buried Date thereof 2-12-40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Spring Grove Cemetery
Location Denton Md.

18. Funeral director J. Liggie Moore & Son
Address Denton

19. 2-12 1940 Wm D George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 1940, at 1:40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1925, to Feb 10 1940, and that I last saw him alive on 19

Immediate cause of death	DURATION
Due to Chronic Myocarditis	20 yr
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dawson O George M. D. or other
Address Denton Date signed 2/13/40

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01675

1. PLACE OF DEATH

County Caroline Registration Dist. No. 66

Village or City Ridgely No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Baby boy Hobbs If U. S. Veteran, specify WAR

(a) Residence: No. ___ St., ___ Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single (infant)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 20 1940

7. AGE Years Months Days If LESS than 1 day, ___ hrs. or ___ min.

stillborn

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ridgely Md.

FATHER

13. NAME Oliver Edward Hobbs

14. BIRTHPLACE (city or town) (State or country) Ruthsburg Maryland

MOTHER

15. MAIDEN NAME Cora Belle Horney

16. BIRTHPLACE (city or town) (State or country) Grasonville Maryland

17. INFORMANT (Address) Oliver Edward Hobbs Ridgely Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Ridgely Md Date Feb 21, 1940

19. UNDERTAKER (Address) Oliver Hobbs Ridgely Md

20. FILED Feb 21, 1940 J W Davis, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 20 (Day) 1940 (Year) (Approx)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Stillborn

Date of onset

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury ___, 19___

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas H Stoneman M. D.

(Address) Queenstown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

01676

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg - Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 yr. 8 mons.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Dog Stamp Section
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William D. Lyons

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Irena I. Lyons

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) December 12, 1854

8. AGE:	Years	Months	Days	If less than one day
	85	2	14	____ hrs. ____ min.

9. Birthplace Dorchester County, Md.
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business Farm

FATHER 12. Name James Lyons

FATHER 13. Birthplace Dorchester County, Md.

MOTHER 14. Maiden name Rachael

MOTHER 15. Birthplace Dorchester County, Md.

16. Informant Mrs. Earl Connelley

Address Federalsburg, Maryland

17. Burial Date thereof Feb. 28 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. Feb. 27 1940 S. S. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26 1940, at 12 15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 19 1940, to Feb 24 1940, and that I last saw him alive on Feb. 24 1940.

Immediate cause of death Chronic Interstitial Nephritis; Benign Hypertrophy Prostate

DURATION: ?

Due to

Due to

Other conditions Uremia.

DURATION: 2 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. E. Jennen M.D
M. D. or other

Address Federalsburg Md. Date signed 2/27/40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01677

Reg. Dist. No. 66

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A 15

1. PLACE OF DEATH:

County Caroline

City or town Ridgely R.F.D.

(If outside city or town limits write RURAL NEAR and give town)

Street address, hospital, or Institution:

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Ridgely R.F.D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Georga Price

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	Widowed.

6 (b) Name of husband or wife Emma Price.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 15- 1855-

8. AGE: Years 84 | Months 1 | Days ✓ | If less than one day ____ hrs. ____ min.

9. Birthplace Delaware.

(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business ✓

FATHER 12. Name — Price.

13. Birthplace Delaware.

MOTHER 14. Maiden name Unknown.

15. Birthplace Unknown.

16. Informant Mrs. Katie Crowshaw.

Address Bandy Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 18, 1940 (month) (day) (year)

Cemetery or crematory Greensboro.

Location Greensboro Md.

18. Funeral director Raymond B. Rawlings.

Address Greensboro, Md

19. Feb 16" 1940 (Date rec'd by registrar) J. W. Sains. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15- 1940, at 9P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 2 40 to 2/15 40, and that I last saw him alive on 2/14 1940

Immediate cause of death Bronchial Pneumonia DURATION 10

Due to Infirmity of Age

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. D. Glenn M.D. M. D. or other

Address Galestown Md. Date signed

RECEIVED
MAR 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47d)

01678

CERTIFICATE OF DEATH

Reg. Dist. No. 63

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Caroline
City or town: Preston,
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): No
Stay in this community (yrs., or mos., or days): Yes

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Rural Near Preston Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William F. Rieck

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Amelia Bertha Schultz
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 10, 1864

8. AGE: Years	Months	Days	If less than one day
75	5	12	hrs. min.

9. Birthplace: Stettin Germany
(Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business

FATHER
12. Name: J. D. Rieck
13. Birthplace: Germany

MOTHER
14. Maiden name: Caroline Ziegenhagen
15. Birthplace: Germany

16. Informant: Harry H. Rieck
Address: Preston, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 25, 1940 (month) (day) (year)
Cemetery or crematory: Preston
Location: Preston

18. Funeral director: W. H. Hollis & Son
Address: Preston, Md.

19. 2/24 1940 (Date rec'd by registrar) Cornelia D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 21st 1940, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 18th 1939, to Feb 21 1940, and that I last saw him alive on Feb 18 1940.

Immediate cause of death	DURATION
Primary Sarcoma Lungs	6 Mo?
Due to	
Due to	
Other conditions: Leukemia & Sarcoma (Include pregnancy within 3 months of death)	2 Mo

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. E. Jenman MD
M. D. or other
Address: Federalsburg Md Date signed 3/21/40

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01679

131-61

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Caroline — Registration Dist. No. 64

Village or City Federalsburg — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Margaret Ann Salmond — If U. S. Veteran, specify WAR —

(a) Residence: No. Federalsburg, Maryland St., Ward. No Social Security Number

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David R. Salmond

6. DATE OF BIRTH (month, dey, and yeer) April — 1859

7. AGE	Years	Months	Deys	If LESS than 1 day, ____ hrs. or ____ min.
	80	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. Own Home

10. Dete deceesed last worked at this occupation (month and yeer) Feb. 5 1940

11. Total time (years) spent in this occupetion Life

12. BIRTHPLACE (city or town) Sussex County (State or country) Delaware

FATHER

13. NAME — Copland

14. BIRTHPLACE (city or town) Sussex County (Stete or country) Delaware

MOTHER

15. MAIDEN NAME No data

16. BIRTHPLACE (city or town) Unknown (Stete or country)

17. INFORMANT Jeremiah Salmond (Address) Federalsburg, Md., R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place Bloomery, Md. Date Feb. 9, 1940

19. UNDERTAKER J. L. Frampton & Son (Address) Federalsburg, Maryland

20. FILED Feb. 8, 1940 S. S. Frampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 6 (Day), 1940 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1940, to Feb 6, 1940

I last sew her alive on Feb 6, 1940; death is said to have occurred on the dete stated above, et 11:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
(a) Cardio Vascular Renal Disease —	5

Other Contributory Causes of importence:

Acute Pulmonary Oedema —	2-5-40

Neme of operation ____ Dete of ____

Whet test confirmed diagnosis? Clinical Wes there an au'opsy? NO

23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or towo, county aod State)

Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.

Menner of Injury ____

Neture of Injury ____

24. Was disease or injury in any way related to occupetion of deceesed? ____

If so, specify ____

(Signed) W. E. Flannery M. D.

(Address) Federalsburg Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92E)

01680

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County: Caroline

City or town: Greensboro, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Greensboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: A. Green Shockley

3. (b) Social Security Number

4. Sex: M.

5. Color or race: Wht.

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Annie Hutson Shockley

Deceased

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Mar. 24. 1869

8. AGE: Years: 70 Months: 10 Days: 18 If less than one day ____ hrs. ____ min.

9. Birthplace: Georgetown, Delaware
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: James D. Shockley
13. Birthplace: Delaware

MOTHER
14. Maiden name: Harriet Josephs
15. Birthplace: Delaware

16. Informant: Mrs. Harry Draper
Address: Greensboro

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2/14/40 (month) (day) (year)

Cemetery or crematory: Greensboro, Md.

Location: Greensboro, Md.

18. Funeral director: Mrs. Ralph Pritchett
Address: Greensboro, Md.

19. Feb. 12, 1940 (Date rec'd by registrar) L. Mae Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 11th 1940, at 9P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 26 1940 to Feb 11 1940, and that I last saw him alive on Feb 11 1940.

Immediate cause of death: Chronic Arterial Heart Mitral Regurgitation

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Mfeir N Nichols M. D. or other

Address: Quitman Md Date signed 7/12/40

RECEIVED
MAR 5 1940
BUREAU V. S.

01681

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (106E)

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County Caroline

City or town Ridgeley
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Ridgeley Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lou Ella Slaughter

3. (b) Social Security Number

4. Sex F

5. Color or race w

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife George Slaughter

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Feb. 18th 1875

8. AGE: Years 64 Months 11 Days 22 If less than one day ___ hrs. ___ min.

8. Birthplace Delaware
(Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Crege Smith
13. Birthplace Del.

MOTHER
14. Maiden name Martha Smith
15. Birthplace Del

16. Informant Mr Ray Slaughter
Address Ridgeley. Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Feb. 4 1940
(month) (day) (year)

Cemetery or crematory Cemeterville Cemetery

Location Centerville Md

18. Funeral director J. Virgil Mason Son
Address Denton. Md.

19. Feb 4th 1940 J D Davis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1940 11:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 27 1939 to Feb. 2 1940, and that I last saw her alive on Feb. 1 1940.

Immediate cause of death Bronchiectasis

Due to

Due to

Other conditions Bronchial Asthma

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

(?)

(?)

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas H Stoneman Md
M. D. or other

Address Greenstown Md Date signed Feb 3 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 1 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(92-B)

01682

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Caroline.

City or town Denton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 44 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Caroline

City or town Denton. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Market St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME G. Lacey Stevens

3. (b) Social Security Number No

4. Sex M.

5. Color or race W.

6. (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Almira Francis Stevens

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18th ~~1853~~ 1853

8. AGE: Years 86 Months 9 Days 26 If less than one day hrs. min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Retired.

11. Industry or business

FATHER 12. Name William Stevens

13. Birthplace Md.

MOTHER 14. Maiden name Emily E. Pierce

15. Birthplace Md.

16. Informant Mrs Elmer T. Orme

Address Denton. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 17, 1940 (month) (day) (year)

Cemetery or crematory Denton.

Location Denton. Md.

18. Funeral director R. Ellis Clark

Address Easton. Md.

19. Feb 17th 1940 (Date rec'd by registrar) Mrs. D. O. George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1940, at 7 45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 1940, to Feb 14 1940, and that I last saw him alive on Feb 14 1940.

Immediate cause of death Chronic Desire & Heart Mitral Regurgitation

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Mathew N Kulish M. D. or other

Address Denton. Md Date signed 7/6/40

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MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-01)

01683

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
County Caroline
City or town Near Denton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Near Denton R.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jane Thomas

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 14th 1848

8. AGE:

Years	Months	Days	If less than one day
90	10		hrs. min.

9. Birthplace Dover, Delaware
(Town, county, and state)

10. Usual occupation none

11. Industry or business —

FATHER 12. Name William H. Thomas

13. Birthplace Del.

MOTHER 14. Maiden name Amelia Anthony

15. Birthplace Md.

16. Informant Mrs Jos. Larmore
Address Denton, Md.

17. Buried Date thereof 2-23-40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Concord Cemetery
Location Concord, Md.

18. Funeral director J. Virgil Emerson Home
Address Denton, Md.

19. Feb. 23 1940 Wm D C Feagle
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1940, at 12 2/4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 14 1940 to Feb 20 1940 and that I last saw h alive on Feb 20 1940

Immediate cause of death	DURATION
Due to Cerebral Hemorrhage	1940 Feb 20
Due to Arteriosclerosis	1930
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm D C Feagle M. D. or other
Address Denton Date signed 2/23/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 5 1940
BUREAU Y. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

(T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01684

(92-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Denton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Margret Wright Willey

3. (b) Social Security Number

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: John Willey

6(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.): Mar. 21st 1892

8. AGE: Years: 47 Months: 10 Days: 20 If less than one day _____ hrs. _____ min.

8. Birthplace: Centerville, Maryland
(Town, county, and state)

10. Usual occupation: at home

11. Industry or business

FATHER
12. Name: Robert Councill
13. Birthplace: Maryland

MOTHER
14. Maiden name: Martha Sparks
15. Birthplace: Maryland

16. Informant: John Willey, Husband
Address: Denton, Md.

17. Buried
(Burial, cremation, or removal. Which?)
Date thereof: 2-15-40 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Centerville Maryland

18. Funeral director: J. Virgil Moore & Son
Address: Denton, Md.

19. 2-15 1940 (Date rec'd by registrar) M D O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 12 1940, at 3:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19__, to _____ 19__, and that I last saw h_____elive on _____ 19__.

Immediate cause of death: High Blood pressure Mitral Stenosis

Due to: Acid suddenly

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury _____ Injured at work?

23. SIGNATURE: Melvin N Nichols M. D. or other

Address: Deputy Medical Examiner Date signed: 2/15/40

RECEIVED
MAR 6 1940
BUREAU V. S.